



**WELL CHILD EXAM - EARLY
CHILDHOOD 2 YEARS**
(Meets EPSDT Guidelines)

DATE

童年早期：2歲

由家長填寫兒童的情況

兒童姓名

兒童由誰帶來

出生日期

過敏症

目前用藥

自上次體檢後出現的病症/事故/問題/擔憂

今天我有一個不明白的問題，關於：

是 否

☐ ☐

我的孩子飲食多樣化。

☐ ☐

我的孩子能順利就寢，並且睡眠很好。

☐ ☐

我的孩子能踢球。

是 否

☐ ☐

我的孩子能搭積木。

☐ ☐

我的孩子能講有兩三個詞的句子。

☐ ☐

我的孩子對大小便訓練感興趣。

WEIGHT KG./OZ. PERCENTILE

HEIGHT CM/IN. PERCENTILE

HEAD CIR. PERCENTILE

☐ Review of systems ☐ Review of family history

Diet _____

Elimination _____

Sleep _____

☐ Review Immunization Record ☐ Lead Exposure

☐ Fluoride Supplements ☐ Fluoride Varnish

☐ Hct/Hgb _____ ☐ TB ☐ Dental Referral

Health Education: (Check all discussed/handouts given)

☐ Nutrition ☐ Toilet Training ☐ Safety

☐ Development ☐ Car Seat or Booster Seat ☐ TV Habits

☐ Passive Smoking ☐ Discipline/Limits ☐ Teeth Care

☐ Child Care

☐ Other: _____

Assessment/Plan: _____

Screening:

N A

Hearing

☐ ☐

Vision

☐ ☐

Development: Circle area of concern

Adaptive/Cognitive Language/Communication

Gross Motor Social/Emotional Fine Motor

Behavior

☐ ☐

Mental Health

☐ ☐

Physical:

General appearance

N A

☐ ☐

Chest

N A

☐ ☐

Skin

☐ ☐

Lungs

☐ ☐

Head

☐ ☐

Cardiovascular/Pulses

☐ ☐

Eyes Cover/Uncover

☐ ☐

Abdomen

☐ ☐

Ears

☐ ☐

Genitalia

☐ ☐

Nose

☐ ☐

Spine

☐ ☐

Oropharynx/Teeth

☐ ☐

Extremities

☐ ☐

Neck

☐ ☐

Neurologic

☐ ☐

Nodes

☐ ☐

Gait

☐ ☐

Describe abnormal findings and comments.

IMMUNIZATIONS GIVEN

REFERRALS

NEXT VISIT: 3 YEARS OF AGE

HEALTH PROVIDER NAME

HEALTH PROVIDER SIGNATURE

HEALTH PROVIDER ADDRESS

Guidance to Physicians and Nurse Practitioners for Early Childhood (2 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

Fluoride Screen

Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6 ppm F) water. Before supplements are prescribed, it is essential to know the fluoride concentration of the patient's drinking water. Once the fluoride level of the water supply has been evaluated, either through contacting the public health officials or water analysis, as well as evaluating other sources of fluoride, the daily dosage schedule can be recommended. Pediatric Dentistry: Reference Manual 1999--00.(21)5.

Lead Screen

Screen children for these risk factors:

- Live in or frequently visits day care center, preschool, baby sitter's home or other structure built before 1950 that is dilapidated or being renovated.
- Come in contact with other children with known lead toxicity (i.e., blood lead 15 ug/dl).
- Live near a lead processing plant or with parents or household members who work in a lead-related occupation (e.g., battery recycling plant).

Pneumococcal Screen

Screen children for these risk factors:

- Age 2 and over with chronic illnesses specifically associated with pneumococcal disease or its complications; anatomic or functional asplenia; sickle cell disease; nephritic syndrome or chronic renal failure; cerebrospinal fluid leaks; or conditions associated with immunosuppression.

Hepatitis B Vaccine

- For children and adolescents not vaccinated against hepatitis B in infancy, begin the hepatitis B vaccine series during any childhood visit. Give the second dose at least one month after the first dose and give the third dose at least four months after the first dose and at least two months after the second dose.

Developmental Milestones

Always ask about and follow-up on parent concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire, the Denver II, the ELMS2 (a language screen), or the MacArthur Communication Development Inventory.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Kicks ball forward.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Removes article of clothing (not hat).</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Combines 2 words.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses own name to refer to self. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Vocabulary of more than 50 words.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Strangers understand half child's speech. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Understands a two-step verbal command ("Pick up the toy; put it away") without gestures.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Points to 6 named body parts (nose, eyes, ears, mouth, hands, feet, tummy, hair). |
| <input type="checkbox"/> | <input type="checkbox"/> | Stacks 4 blocks. |

- Persistent rocking, hand flapping, head banging, or toe walking.
 - No spontaneous two word (not echolalic) phrases.
 - Any loss of any language or social skills.

Instructions for developmental milestones: At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on **any two items**, *even one* of the underlined items, or any of the **boxed items** (abnormal behavior at this age), refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies (1-800-322-2588) with questions or concerns on childhood development.**



童年早期：2歲

由家長填寫兒童的情況

出生日期

目前用藥

今天我有一個不明白的問題，關於：

我的孩子對大小便訓練感興趣。

頭圍	百分比
13.5	95
13.0	90
12.5	85
12.0	80
11.5	75
11.0	70
10.5	65
10.0	60
9.5	55
9.0	50
8.5	45
8.0	40
7.5	35
7.0	30
6.5	25
6.0	20
5.5	15
5.0	10
4.5	5
4.0	0

家族健康史审核

請說明異常發現，並請加以評論。

評估/計畫：_____

保健服務機構名稱

保健服務機構地址

童年早期：2歲

2歲小兒的保健

重要標誌

小兒在2至3歲期間的生長發育。

原地蹦跳。

騎三輪車。

說出帶三、四個字的句子。

自己吃飯和穿衣。

會用蠟筆劃十字和圓圈。

與娃娃和絨布動物玩“過家家”的遊戲。

您可以在與您的孩子玩耍時幫助她學會新技能。

若需要幫助或詳細資訊，請電

槍枝安全保存熱線：

1-800-LOK-IT-UP (565-4887)

兒童保健：

華盛頓州兒童保健服務資源與轉介網絡

1-800-446-1114

預防中毒：

華盛頓州防毒中心，1-800-732-6985或

1-800-572-0638（TTY中繼轉發）

若您對您的子女感到很灰心，並需要幫助：

家庭幫助專線

1-800-932-HOPE (4673)當地危機熱線

子女教養技巧或支持：

家庭幫助專線

1-800-932-HOPE (4673)

西北地區家庭服務資源

1-888-746-9568當地社區學院課程

保健須知

您孩子最近是否定期接受過免疫接種？若是，他在進幼稚園前就不需要再接受免疫接種。

每天為孩子提供各種不同的健康食品。少吃劣質食品。全家盡量經常在一起吃飯，並且吃飯時要關掉電視。

每天應該使用含氟牙膏至少為您的孩子刷一次牙，牙膏用量應為豆粒大小。一定要為她每年做一次牙科檢查。

子女教養須知

與孩子談論他所做的事。一起讀圖畫書並談論圖畫的內容。

幫助孩子玩有一定運動量的遊戲，如捉人遊戲、捉迷藏。給她簡單的玩具玩耍，如積木、蠟筆和紙張、絨毛動物。

您可能想儘快訓練孩子自己大小便，但他可能要等到3歲時才可以做到。若他睡醒覺後尿布依然乾爽並告訴您他想坐大小便，這就說明他可以開始學自己大小便了。

把兒童的電視時間限制到一小時或更短。與他們一起觀看並談論節目的內容。

安全須知

- 將清潔用品鎖好並放在您的孩子接觸不到的地方。
- 在靠近有交通往來的地方步行時（包括停車場），應始終拉著您孩子的手。在倒車前應先察看車後的情況，以防有兒童在車後方。
- 若您家中存有槍枝，應始終保存在安全處，並要保證槍枝無子彈上膛並且鎖好。
- 每當孩子在水邊或船上時，均應穿上救生衣。應始終在附近守望她。
- 把火柴和打火機放在您的孩子接觸不到的地方。